Utah State Hospital Policies and Procedures
Central Supply

This manual has been compiled for the express purpose of providing a guide to those responsible for the day to day function of the Central Supply. The Central Supply stores, procures, issues, and prepares the medical and surgical equipment and supplies used by all departments and services in the provision of care and treatment of patients. These services are provided in an efficient and professional manner by a CRCST (Certified Registered Central Supply Technician).

Revised: July 17, 1989; 02/02

Policy:

There is a glossary of established terms maintained to assure understanding between all health care workers within the Hospital.

Glossary:

Antiseptic: Any chemical agent that is usually applied to living tissue and which inhibits the growth of microorganisms without necessarily destroying them.

Aqueous Solution: A liquid in which a chemical is dissolved in water.

Aseptic: Sterile, free from any living microorganisms.

Aseptic Technique: A system of procedural performance during which exclusion of microorganisms is maintained by specific precautions.

Autoclave: An apparatus that uses saturated steam under pressure for a specific time to obtain sterility.

Bagged: A method of enclosing supplies, equipment, laundry, within a plastic bag to prevent the spread of infection.

Bacteria: One category of microorganisms. This type is of the greatest concern to hospital personnel, because it is difficult to destroy and produces many different diseases.

Capital Equipment: Expensive items which have an investment value i.e. Autoclave, ultrasonic cleaner, etc.

Communicable Disease Organism: A Pathogenic microorganism which is readily transmitted from one person to another by either direct or indirect contact.

Contamination: Soiling with possibly harmful organisms or agents.

Detergent: A cleaning agent which will remove grease or soil. It must clean but not injure the tissue or the surface of the article cleaned.

Diagnostic Procedure: The method of determining the presence, nature or cause of disease.
Disinfectant: Any chemical agent used on inanimate material to inhibit or destroy most microorganisms on the surface.
Equipment: Items of durable nature such as instruments or suction machines or otoscopes etc.
Germ: A microscopic or sub-microscopic organism capable of producing disease.
Heat-Resistant: Not affected by heat.
Heat-Sensitive: Is affected by or destroyed by heat.
Hemostat: A clamp or Forceps to control the flow of blood (usually a Kelly).
Infection: Invasion of human body tissues by pathogenic microorganisms.
Microorganisms: Organisms visible only with the aid of a microscope.
Moisture-Sensitive: Is affected or destroyed by excessive moisture.
Pathogen: A microorganism that produces disease.
Process: A series of procedures intended to prepare supplies or equipment for use in rendering patient care.
Pyrogenic: Fever producing.
Sanitization: A process whereby microorganisms are reduced in number to a safe level for human use.
Sanitizer: An apparatus or agent that may be used to sterilize an object. Agents usually used might be hot water, chemicals or steam.
Solutions: External: Sterile liquids that may be used for an irrigation or as cleaning agents.
Parenteral: Sterile liquids that are administered internally (I.V. solutions)
Spores: Specific microorganisms that form a thick cell wall, enabling them to survive in adverse conditions.
Sterile: Free from all microorganisms
Sterilizer: Apparatus using steam under pressure to sterilize.
Supplies: Items ordinarily consumed by use in rendering patient care. However, these also include linens and cleaning agents and equipment.
Thumb Forceps: Pincer-like instrument with smooth tip to grasp objects.
Tissue Forceps: Pincer-like instruments with teeth to grasp tissue.
Ultrasonic Washer: An apparatus in which equipment, principally instruments and utensils, are cleaned by vibrations in water.
Warehouse: Area of the hospital which stores in bulk form all supplies and equipment used at the hospital.

Policy
The Central Supply department has adequate direction, staffing, and facilities to perform all necessary functions.

Procedure

1. The Director of Central Supply is supervised by the Assistant Nursing Administrator.
2. The number of support personnel is related to the scope of service provided.
3. The Central Supply employee participates in a program of continuing education.
4. There are written policies and procedures for decontamination and sterilization activities performed in Central Supply and elsewhere in the hospital which include at least the following:
    - 4.1 Receiving, decontaminating, cleaning, preparing, disinfecting, and sterilizing of reusable items.
    - 4.2 Assembling, wrapping, storing, distributing, and quality control of sterile equipment and supplies.
    - 4.3 The frequency and use of sterilization monitors.
    - 4.4 Designation of shelf life dates for all commercially-prepared sterile items to assure a limit on the length an item is to be considered safe to use. When an expiration date is not specified on in-house-sterilized or commercially-prepared sterile items, a conspicuous statement on the package, indicating sterility is guaranteed if package integrity is not compromised, represents an acceptable day-to-day expiration date.
    - 4.5 Supplies may be acquired by the hospital security officer or SSRN after hours or when Central Supply is closed.
    - 4.6 Records are kept of all sterile supplies maintenance and performance verification.
    - 4.7 There are policies and procedures concerning the recall, disposal, and/or reprocessing of outdated materials.
    - 4.8 Provisions have been made for emergency recall when special warnings are issued by the manufacturer. Physicians are notified if patient exposure is known.
    - 4.9 There are specific policies and procedures concerning, floors, utensils, and equipment used in Central Supply.

5. The design of the Central Supply area provides for separation of soiled and/or contaminated supplies from clean and/or sterile supplies. The area has a functional work-flow pattern.

6. Equipment is of adequate design, size, and type to provide effective decontamination, disinfection, cleaning, packaging, storing, and distributing of medical instruments and supplies to provide a good quality of care for patients.

10/99; 02/02; 7/03

Revised February 1989; 10/98; 02/02;11/02

I. Job Summary

The Central Supply Technician (CST) works under the direct supervision of the Assistant Nursing Administrator. The CST's primary function is to provide equipment, supplies, and services to improve and maintain the quality of patient care.

II. Job Relationships

The central supply technician is responsible to the Assistant Nursing Administrator. The Assistant Nursing Administrator gives supervision to the CST and is a resource for the CST. The Assistant Nursing Administrator evaluates the CST and completes and CST's performance plan.

III. Job Responsibilities

The central supply technician performs the following job duties:

1. Maintains an inventory of high-quality products for use by the Hospital in order to achieve and maintain quality patient care.
2. Maintains appropriate methods of decontamination and sterilization providing a high level of safety in the use of items dispensed by central supply.
3. Maintains the standards of infection control by following infection control policy and procedures for decontamination, sterilization, and dispensing of supplies.
4. Dispenses central supply items in an accurate and timely manner.
5. Purchases central supply inventory.
6. Keeps accurate records of supplies purchased, maintained, and dispensed to individual units/services.
7. Attends inservices and training programs designed to increase knowledge and growth.

IV. Knowledge and Training Required

The central supply technician is expected to be aware of the need for increasing his/her knowledge and expertise in the field of central supply and will be required to attend additional educational experiences to increase his/her knowledge and skills as offered. These may include pertinent hospital inservices, and outside workshops, seminars, etc. Highly encouraged to take and pass a verified registered certified central supply technician course.

A. Knowledge, Skills, Abilities

1. Knowledge of safety and security regulations
2. Ability to follow procedures and instructions

B. Education and Experience

1. Graduation from a standard high school or equivalent plus two years of full-time paid employment; OR
2. Substitutions on a year-for-year basis as follows: a. Related college and/or related technical study for the required employment; OR b. Full-time paid related employment for the required education.

The central supply technician is required to follow the personnel standards and policies as set forth in the Utah State Hospital Operational Policy and Procedure Manual. He/she will be required to wear clean, comfortable clothing and shoes and may not wear shorts, clogs, or slip-on sandals. Long, dangling earrings should be avoided. Hair should be kept neat and clean. The central supply technician is expected to perform in an appropriate, professional manner with patients and other staff members.

Revised July 17, 1989; 02/02

Policy:

In dispensing supplies by requisition, all units and departments must send a signed requisition form listing their requirements to Central Supply.

Procedure:

1. The unit/service completes a requisition form listing their requirements.
2. The unit/service assigned personnel takes the signed requestion form to CS.
3. The CST gathers, bags and holds the requested supplies in the clean area of CS for pickup by the unit staff.

Chapter 5 Receiving and Dispensing

Revised July 17, 1989; 02/02

Note: See your supervisor for a copy of the Non-Expendable Equipment Slip.

Procedure:

1. The requisition of supplies is initiated by the unit or department. The request should be signed by the supervisor or department head.
2. All expendable items are ordered on a UTAH STATE HOSPITAL CENTRAL SUPPLY REQUISITION form. Non-expendable items are ordered on a UTAH STATE HOSPITAL CENTRAL SUPPLY REQUISITION NON-EXPENDABLE EQUIPMENT form.
3. All supplies are dispersed from the Central Supply. Hours are from 1300 to 1700, Monday through Friday.
4. Supplies are to be picked up by a staff member between the hours of 0830 to 1700, Monday through Friday.

Chapter 5 Receiving and Dispensing

Revised July 17, 1989; 02/02

Policy:
It is the responsibility of each individual unit to see that used equipment is returned to the Central Supply in good repair and in reasonably clean condition.
Procedure:

1. Items are returned to CS Monday through Friday (excluding holidays) between the hours of 0830 and 1700.

    1.1 These items are listed on a requisition slip and the reason for return noted.

    1.2 Items are reasonably clean and free from gross soil.

    1.3 Any item suspected of being contaminated with pathogenic organisms is also bagged and marked Bio-Hazard.

2. All returned goods are taken to the receiving or decontamination door of Central Supply.

Chapter 5 Receiving and Dispensing

Revised July 17, 1989; 02/02
Policy:
All storage areas are dry protected from moisture or condensation, high humidity, vermin, insect excreta, excessive heat or excessive cold. There is adequate lighting and off floor shelving.

Chapter 5 Receiving and Dispensing

Rotation of Stock

Revised July 17, 1989; 02/02
Policy:
Stock is rotated to assure that the oldest materials are used first and to prevent wrappers from becoming brittle with age.

Chapter 5 Receiving and Dispensing

Revised July 17, 1989; 02/02
Policy:
The closures of sterile items is tamperproof and impossible to reseal. If there is a suspicion of an incomplete closure in a manufacture's items, the entire lot is recalled and returned. Items sterilized in the USH CS that are suspect of incomplete closure or that have in some way become compromised, are returned to CS for reprocessing. (This would include tears in the package, moisture on the package, or other gross soiling, missing date of expiration, etc.).

Chapter 6 Storage

Revised July 17, 1989; 02/02
Policy:
To establish general procedure in the operation of the sterile storage area in the CS
Procedure:
1. Limitation of Access:

1.1 Only CS personnel are permitted in the sterile storage unless otherwise specifically designated.
1.2 All requests for sterile items are to be written on a CS order form.
1.3 During hours when no CS personnel are available, security will have access for emergency supplies from the sterile room.

2. Stocking requirements:
   2.1 There is an established stock level for each item.
   2.2 There is always a minimum of one weeks supply of all items in the sterile area. These numbers are based on past usage and may be changed if product usage changes.
   2.3 Stock is reviewed on at least a weekly basis.
   2.4 The CS Tech. takes note of and initiates production of sterile sets based on the numbers in stock.
3. Storage Plan:
   3.1 There is a master storage plan.
   3.2 Each shelf is labeled for items stored there.
   3.3 Sterile items are stored at least 8" from the floor.
   3.4 Sterile items are stored at least 18: from the ceiling
   3.5 No external shipping cartons are opened in the sterile storage area.
   3.6 All small items are stored in a washable storage container of metal or plastic.
   3.7 Sterile storage shelving is damp dusted weekly.
   3.8 Vents and light fixtures are cleaned monthly.
   3.9 Floors are wet mopped daily.

Chapter 7 Safety

Revised July 17, 1989; 02/02

Policy:

All new electrical medical equipment is inspected for electrical safety, physical condition and grounding before it is used in patient care areas.

Procedure:

1. Upon receipt of new equipment the Purchasing Agent over Medical Equipment contacts the contracted service provider to inform them that an inspection is needed.

Revised July 17, 1989; 02/02

Procedure:

1. Processed Items:
    1.1 All items processed through the Central Supply are labeled giving both the date processed and the lot control number.
    1.2 All units and Departments with sterile equipment stored for patient use are responsible themselves for checking for packaging integrity.
    1.4 All items that have lost their package integrity must be returned to Central Supply for disposal or for re-processing.
2. Returned Items: All items returned to the Central Supply, whether pre-packaged disposables, used or unused trays, must be:
    2.1 Discarded
    2.2 Or, Disassembled
    2.3 Re-assembled using freshly-laundered linen
    2.4 Re-packaged and labeled in correct materials
    2.5 Re-Sterilized in the correct method appropriate for the item.

Chapter 8 Operational Policies and Procedures

Revised July 17, 1989; 02/02; 11/02

1. Basic Items
    - 1.1 Dressings
    - 1.2 Needles/Syringes (all syringes are safety-lok syringes)
    - 1.3 Catheter Sets
        - a. Foley
        - b. Straight
    - 1.4 Catheters
        - a. Foley
        - b. Straight
        - c. Coude
    - 1.5 Enema Sets
    - 1.6 Douche Sets
    - 1.7 Scissors
    - 1.8 Tape
    - 1.9 Alcohol Wipes
    - 1.10 Airways
    - 1.11 Gloves
        - a. Exam
        - b. Sterile
    - 1.12 Restraints
        - a. Wrist/soft and firm with key
        - b. Chest
        - c. Pelvic
        - d. Houdini
        - e. Full Bed
    - 1.13 Emesis Basins
    - 1.14 Bed Pans
    - 1.15 Floatation Mattress
    - 1.16 Egg Crate Mattress'
    - 1.17 Chair Pads
    - 1.18 Cervical Collar
    - 1.19 Walkers
    - 1.20 Hoyer Lift
    - 1.21 Shampoo Tray
    - 1.22 Tracer Blood Glucose Meter
    - 1.23 Stethoscope's
    - 1.24 Otoscope /Ophthalmoscope
    - 1.25 B/P Cuff
2. Special Items
    - 2.1 Solutions
        - a. Parenteral
        - b. External

2.2 IV Administration Sets
2.3 IV Catheters
2.4 Small Vein sets
2.5 Extensions Tubing
    a. IV
    b. 02
    c. Suction
2.6 Resuscitation Equipment
2.7 Emergency Box/Maintained
2.8 Humidifiers
2.9 Gomco Suction Unit
2.10 Goose neck Lamp
2.11 Suture removal sets
2.12 NG Tubes/Administration Sets
2.13 Isolation Equipment
2.14 Sterile Exam gloves

Chapter 8 Operational Policies and Procedures

Revised July 17, 1989; 02/02

Basic Supplies:

1. Dressings
2. Suture
3. Needles/Syringes (safety-lok syringes)
4. Alcohol/Provadine wipes or swabs
5. Diagnostic Equipment
    a. Ophthalmoscope
    b. Reflex Hammer
    c. Tuning Fork
    d. Thermometer
    e. Stethoscope
    f. Vaginal Spec's with light
6. Examination Light
7. Water Pic
8. Ultra Violet Exam Light

Special Equipment

1. Suture sets
    a. large set
    b. small set
2. Suture Removal Sets
3. Sterile Dressing Tray
4. IUD Tray
5. Grossin Irrigation Tips
6. Eye Irrigation Sets
7. Complete Eye Tray
8. Mayo Tray and Stand

Any Special Equipment requested

1. Casting Materials
2. Orthopedic Aids
    a. Slings
    b. Cast Shoes
    c. Splints
    d. Crutches

Chapter 8 Operational Policies and Procedures

Supplies and Equipment for Other Services and Departments (Laundry, Food service, Housekeeping, Human Resources, Pharmacy, Recreation Therapy, Physical Therapy, Administration, Buildings and Grounds, Pool and Beauty shop.)
Revised July 17, 1989; 02/02
All of the above stated areas have access to the following equipment and supplies.
1. First-Aid kits (stocked regularly)
2. Gloves as indicated by circumstances

Chapter 8 Operational Policies and Procedures

Revised July 17, 1989; 02/02 ; 11/02
Basic Items
1. Dressings
2. Tape
3. Sterile exam gloves
4. Sterile Items as requested
5. Disposable Gloves
6. Any Personal Protective Equipment
Revised July 17, 1989;02/02

Policy

All equipment and environmental and working surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials.

Procedure

1. Contaminated work surfaces are decontaminated with an appropriate disinfectant (i.e. A-33) after completion of procedure.
2. When a work surface is overtly contaminated with any spill of blood or other potentially infectious materials:
    - 2.1 the employee must wear gloves;
    - 2.2 the spill is absorbed with dry paper towels which are disposed of in a contaminated-waste container;
    - 2.3 the contaminated area is sprayed with an appropriate disinfectant (i.e. A-33) until it is visibly wet;
    - 2.4 the disinfectant (i.e. A-33) must remain on surface for the appropriate time-frame; and,
    - 2.5 the area is wiped with dry paper towels and rinsed with clean water.
3. When protective coverings, *i.e.*., plastic wrap, aluminum foil, imperviously

backed absorbent paper, used to cover equipment become overtly contaminated, they are removed and replaced as soon as possible.

4. All waste receptacles are decontaminated as indicated in Housekeeping policies and procedures.

5. Broken glassware which may be contaminated is cleaned up by using mechanical means, *i.e.*., a brush and dust pan, forceps.

6. Reusable instruments, *i.e.*., forceps, scissors, needle drivers, that are contaminated with blood or other potentially infectious materials are placed in a drain tray found in white transport containers, rinsed, drained, and then placed in a transport container with a lid for transport to Central Supply, where the instruments are decontaminated as per Central Supply policies and procedures.

6.1 Transport containers are available through Central Supply.

(Taken from Infection Control Policy and Procedure Manual)

Chapter 9 Decontamination

Revised July 17, 1989; 02/02

Policy:

Established guidelines are followed in cleaning aluminum.

Procedure:

The following steps performed as needed in the cleaning of aluminum:

1. In one pail, put in two quarts of warm water and one level teaspoon of mild soap or neutral synthetic detergent. Fill second pail ½ full with clean, warm water.
2. Remove everything from aluminum surface.
3. Using a clean, soft cloth, wash aluminum surface with water and solution, all over: top, sides, and legs. Rinse well. Use a back and forth motion.
4. Dry well with a cloth.

NOTE: Again use a back and forth motion.

Chapter 9 Decontamination

Revised July 17, 1989; 02/02

Policy:

Established guidelines are followed for cleaning stainless steel

Procedure:

The following steps are performed in the cleaning of stainless steel:

1. In one pail, put in two quarts of warm water and one level teaspoon of mild detergent. Fill a second pail ½ full with clean, warm water.
2. Remove everything from the stainless steel surface.
3. Using clean, soft cloth, was stainless surface with water and solution, all over: top, sides, and legs.
4. Rinse well.
5. Dry well with cloth as soon as possible.

Chapter 9 Decontamination

Revised July 17, 1989; 02/02

Policy:

Established procedures are performed in the cleaning of glassware.

Procedure:

Assembling required Equipment and supplies:

1. In one sink, put warm water and mild detergent.
2. The second sink should contain clean, warm water for rinsing.
3. The third sink should contain freshly distilled water.
4. Cleaning cloth.

Removing Material:

1. Remove everything from glassware surface.
2. Example: Large pieces of foreign material.

Washing glassware:

1. Using a cloth, wash glassware with warm water and solution.
2. Insure that all dried material is removed.

Rinsing:

1. Rinse in sink with warm water.
2. Final rinse is in freshly distilled water.

Chapter 9 Decontamination

Revised July 17, 1989; 02//02

Policy:

Established procedures are performed in the cleaning of rubber goods.

Procedure:

Assembling required equipment and supplies:

1. One sink filled with warm water and mild detergent.
2. Second sink containing clean, warm water for rinsing.
3. Third sink containing freshly distilled water.
4. Cleaning cloth.
5. Brush.

Removing Material:

1. Remove everything from rubber surface.
2. Example: Large pieces of foreign material.

Washing rubber:

Using a cloth or brush, scrub rubber thoroughly with water and solution to remove all foreign material.

Rinsing:

1. Rinse in sink with warm water.
2. Final rinse is in freshly distilled water.

Chapter 9 Decontamination

Revised July 17, 1989; 02/02

Policy:

There are established procedures for the cleaning of instruments.

Procedure:

Assembly of equipment and supplies:

1. Stainless steel basin with solution of Klenzyme (1 oz./gallon of H2O).
2. Stainless steel basin with clean, hot, H2O and Manuklenz.
3. Stainless basin with hot H2O.
4. Stainless steel basin with solution of pre-measured milk/bath.
5. Distilled H2O.

Removing Material:

1. Place instruments in Klenzyme solution. Brush each instrument individually, inspecting for damage, sharpness or stains, etc.
2. Soak for at least 45 minutes. Brush again.

Washing:

1. Place in a solution of Manuklenz and water for 45 minutes. Scrub again with a brush (each individually).
2. Rinse with clean hot H2O.

Lubrication:

1. Place in a solution of pre-measured milk bath. Soak for 30 seconds.
2. Remove and allow to air dry.

Chapter 9 Decontamination

Revised July 17, 1989;10/98; 02/02

Policy:

Established procedures are performed in the cleaning of utensils.

Procedure:

Assembling Required Equipment and Supplies:

1. In one sink, put warm water and mild detergent.
2. A clean cloth and brush will also be needed.
3. A second sink will be used for rinsing.

Remove everything from utensils being cleaned.

1. Remove everything from utensils being cleaned.
2. Example: Large pieces of foreign matter.

Washing:

1. Soak for one hour in warm water and mild detergent.
2. Brush utensils to clean.

Rinsing:

1. Rinse with hot water

Drying:

1. Dry thoroughly.

Assembling:

1. Inspect utensils for cleanliness.
2. Wrap in paper, then label and identify.

Dating:

1. After sterilizing, place sterilization date on wrapping.

Revised July 17, 1989; 02/02; 11/02

Policy:

Established procedures are maintained in the assembly of sterile sets.

Procedure:

1. Sterile sets are classified into three categories:
    1.1 The closed or wrapped set (includes a shallow tray 17" x 11" x ¾" on which all components, including the tray have been sterilized together).
    1.2 The closed wrapped set without a tray.
    1.3 The unwrapped set in a peal back package.
2. When a closed wrapped set is prepared with a tray, a towel is placed on the tray to serve as padding to protect the instruments.
3. All sets are marked as to the purpose of use i.e. suture removal set.
4. Selection of the wrapper is of utmost importance.
5. Sets are secured with pressure sensitive tape.
6. All sets are sealed in paper/plastic bags which increase the shelf life and prevent contamination while in storage.
7. All packages are labeled visibly on the outside of the package.

Chapter 10 Assembling

1. Minor Laceration packet
2. Wound Closure Tray
3. Suture Removal Kit
4. Skin Stapel Removal Kit
5. Various urinary catheterization kits.

02/02 ; 11/02

Chapter 10 Assembling

Purpose:

To provide emergency first aid materials within easy reach in all departments, units and services.

Components:

MINI-KIT

Bandaids -assorted
Antibiotic ointment - bunch
Eye wash - 1

SMALL KIT

Bandaids -assorted
Antibiotic ointment - bunch
Eye wash - 1
Sterile Gauze - 2 each of 2X2's & 4X4's
Ace wrap - 1 - 2"
Alcohol Pads - 6
Povodine Prep Pads - 6

Tape - 1 - 1"

MEDIUM KIT
Bandaids -assorted
Antibiotic ointment - bunch
Eye wash - 1
Sterile Gauze - 4 - 2X2's; 4 - 4X4's
Ace wrap - 1 -2"; 1 -3"
Alcohol Pads - 8
Povodine Prep Pads - 8
Tape - 1 - 1"
Gloves - 4 pair
Laerdal Face Mask - 1
Gauze Roll - 1 -1"; 1 -3"
Handwash - 1
Tongue Blades - 2
Steri-Strips - 2
Triangular Bandage - 1
Ammonia Inhalants - 2
Eye Pads - 2
Emergency Blanket - 1

LARGE KIT
Bandaids -assorted
Antibiotic ointment - bunch
Eye wash - 1
Sterile Gauze - 4 - 2X2's; 4 - 4X4's
Ace wrap - 1 -2"; 1 -3"
Alcohol Pads - 8
Povodine Prep Pads - 8
Tape - 1 - 1" paper; 1 - 1" plastic
Gloves - 4 pair
Laerdal Face Mask - 1
Gauze Roll - 2 -1"; 2 -3"
Handwash - 1
Tongue Blades - 4
Steri-Strips - 4
Triangular Bandage - 1
Ammonia Inhalants - 2
Eye Pads - 2
Emergency Blanket - 1
ABD pads - 2
Burn Free - 1 bottle
Cotton Tipped Applicators - 4
Scissors - 1
Instant Cold Pack - 1

Safety Pins - 4
02/02

Chapter 10 Assembling

Purpose:
To provide emergency first aid materials within easy reach during a disaster.
Components:
Ringers solution 1000 ml - 1
Small vein infusion set - 1
Vented IV set with 2 injection sites - 1
Extension tube, 20" - 1
IV start pak - 1
Sterile burn sheet, disposable - 1
Eye wash solution - 1
Septisol, foam - 1
Kara-klenz with sprayer - 1
Bandage scissors - 1
Box assorted size bandaids - 1
Extra large bandaids - 2
Coverlets - 6
Elasticon tape 1" roll - 3
Transpore tape 1" roll - 3
Aluminum splints - 2
Plastic bag - 1
Arm board, plastic - 1
All purpose wound closure tray - 1
Sterile Gloves - 1 - size 7; 1 - size 7 ½ ; 1 - size 8
Combination Padding (ABD) - 1
Minor Procedure Pack - 1
Statite Gauze 4" - 1
Intersorb gauze 4" - 1
Finger splint - 1
Laerdal pocket mask (1 way valve) - 1
One way valve - 2
Airway - child - 1; adult - 1
Emergency blanket - 1
Ace wrap 3" - 1; 4" - 1
Hot pack - 1
Cold pack - 1
Sterile cotton applicators - 6
Alcohol wipes - 10
Sterile tongue depressors - 3
Non sterile gloves - 6 pr.
Penlight - 1
B/P Cuff - 1
Stethoscope - 1
Temp-a-dot - 4

Scalpel #11 - 1
Silvadene - 1
Safety pins - 4
Cotton balls, package - 10
Triangular bandage - 1
Telfa pads - 3
Penrose tubing - 1 ½ " - 1; 5/8" - 1
Steri-strips ½ " - 1 pkg
Telfa dressings 3"X8" - 2
Sterile 2X2's - 12
Sterile 4X4's - 20
Butterfly closures - 5
Ammonia inhalators - 2
Elastics - 2
Needles 27 X ½ " - 2
Xylocaine - 1 bottle
4-0 Prolene suture - 1
4-0 Vicryl suture - 1
Multi-candy suckers for children - few
Adaptive dressing - 1
Povodine prep pads - 4
Burn dressing - scarlet red - 1
Polysporin ung tube - 1
Splinter removal forceps - 1
Vaseline petroleum pack - 1
02/02; 11/02

Chapter 10 Assembling

Revised: January 18, 1991; 02/02

Policy :

All items sterilized by the USH CS no longer bear an expiration date. These items are safely used as long as the package integrity has not been compromised in any way.

Procedure:

1. All of the items packaged in the USH CS are properly wrapped and in such a manner as to provide an effective barrier to microorganisms. Items that are properly packaged and sterilized remain sterile unless the package becomes wet or torn, has a broken seal, is damaged in some way or is suspected of being compromised.
2. Rotation of supplies is important to assure that "old" supplies are used first prior to newly acquired or "new" items.
3. All packages are inspected prior to use. If the package is torn, wet, has a broken seal or is damaged, do not use. The item is returned to sterile supply for reprocessing or disposal.
4. The loss of sterility is event-related not time-related. Therefore, it is important to insure proper storage of items in a manner that does not aid in the compromise of the product.

Revised July 17, 1989; 02/02

Policy:

There is a procedure in place for the sterilization of items that can not be sterilized in the autoclave.

Procedure:

1. Wash items as prescribed for each material, i.e. rubber, glass etc.
2. After rinsing, place in covered container of 2% Wavicide (or equivalent) with solution completely covering the item. Soak for 10 hr. at room temperature. (no longer) NOTE: (Carbon steel instruments no longer that 30 min.
3. Rinse 2 times with distilled H2O.
4. Allow to air dry.

Chapter 12 Quality Assurance

Policy:

Each time a new box of QuickVue One-Step Strep A tests is opened, the Central Supply manager will perform a proficiency testing survey to verify the integrity of the various testing components in that box.

Procedure:

1. Place a clean tube from the Extraction Kit in a test tube rack or holder.
2. Squeeze to crush the glass ampule inside the Extraction Solution Bottle. Vigorously shake the bottle five times to mix the solutions. Solution should turn green after the ampule is broken. Solution must be used immediately.
3. Dispense 8 drops from the Extraction Solution Bottle into the tube. Place the proficiency swab into the tube. Hold the bottom of the tube so that the swab head is slightly compressed. Rotate the swab three (3) times.
4. WAIT ONE (1) MINUTE.
5. Express ALL liquid from the swab head in the tube by rolling the swab against the inside of the tube and pressing slightly as it is withdrawn from the tube. Discard the swab.
6. Fill the Disposable Dropper to the fill line with the solution from the tube and add the contents into the Test Cassette Swab Chamber.
7. Read the result at 5 minutes.
8. The appearance of any pink-to-purple line next to the letter"T" in the Result Window, along with a blue Control Line next to the letter "C" means that the test is positive for group A Streptococcus.
9. The appearance of only the blue Control Line next to the letter "C" in the Result Window means that the test is negative. A negative QuickVue result means that the swab is presumptive negative for group A Streptococcus.
10. If the blue Control Line does not appear next to the letter "C" at 5 minutes, the test is considered INVALID, and the test result cannot be used. If this occurs, retest using a fresh swab and a new QuickVue Test Cassette.
11. Record results, date, lot #, expiration date, initials and signature on QuickVue One-Step Strep A Control Sheet.

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